

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

November 11, 2008

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Rib Pit, 1501 Center Park Road #100 requesting a class C liquor license.

John Esquivel, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

John Esquivel was born in Lincoln, Nebraska. He attended Northeast High School graduating in 1970.

John Esquivel employment history is as follows:

2007 - Present	Laborer, BBQ 4U	Lincoln, NE.
2007 - Present	Driver, Ne Logistics	Lincoln, NE.
1973 - 2007	Factory Worker, Goodyear	Lincoln, NE.

Mr. Esquivel will attend the required training on November 13th 2008.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police

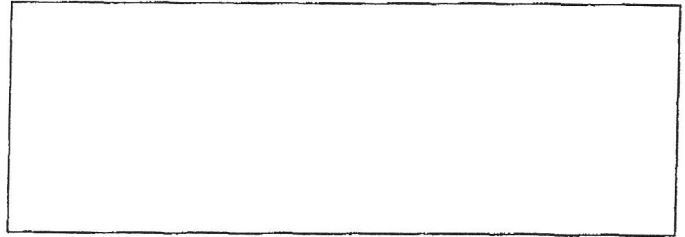


A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/



CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | BEER, ON SALE ONLY | \$45.00 |
| <input type="checkbox"/> | B | BEER, OFF SALE ONLY | \$45.00 |
| <input checked="" type="checkbox"/> | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input type="checkbox"/> | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

MISCELLANEOUS

- | | | | | |
|--------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | O | Boat | \$ 95.00 | |
| <input type="checkbox"/> | V | Manufacturer | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | Z | Micro Distillery | \$295.00 | \$1,000 minimum bond |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☒ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☐ Corporate License (requires insert form 3a & 3c)
☐ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Johnny R Esquivel

Phone number: 402-467-2414

Firm Name The Rib Pit

PREMISE INFORMATION

Trade Name (doing business as) BBQ4U INC/THE RIB PIT

Street Address #1 1501 CENTER PARK RD #100

Street Address #2 _____

City LINCOLN

County LANCASTER

Zip Code 68512

Premise Telephone number 402-464-2151

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the commission)

Name THE RIB PIT

Street Address

#1 1501 CENTER PARK RD #100

Street Address

#2 _____

City LINCOLN

County LANCASTER

Zip Code 68512

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

one story suite approx 77' x 41'
on East end of one story bldg.
approx 77' x 144'

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number NEW License

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender RICHARD ESQUIVEL

applicant's brother

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☒ YES ☐ NO

If yes, explain. All involved persons must be disclosed on application. RICHARD ESQUIVEL

per applicant

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☒ YES ☐ NO

If yes, list such items and the owner. BBQ4U INC

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☒ YES ☐ NO

If yes, explain. Richard Esquivel will have a 15% ownership

No silent partners

per applicant

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

TIERONE BANK

JOHN ESQUIVEL

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

NONE

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. JOHNNY R ESQUIVEL 50 HOURS

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages. NONE

training required

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date NOVEMBER 30, 2009

☐ Deed

☐ Purchase Agreement

15. When do you intend to open for business? OCTOBER, 2008

16. What will be the main nature of business? ON/OFF SALE OF ALCOHOL

17. What are the anticipated hours of operation? 11:30AM - 1:00AM Monday thru Saturday

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

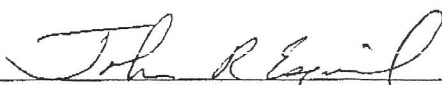
RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
John R. Esquivel	1997	2008	Lincoln, NE	1997	2008
Lincoln, NE					

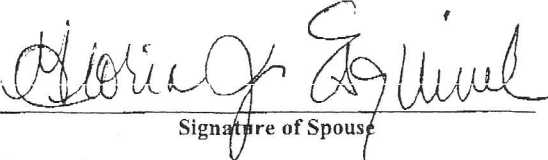
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.



Signature of Applicant



Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

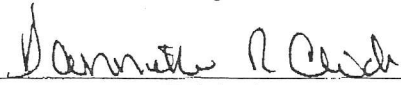
Signature of Spouse

Signature of Applicant

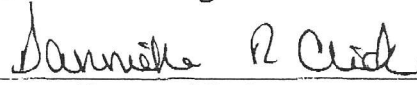
Signature of Spouse

State of Nebraska
County of Lancaster

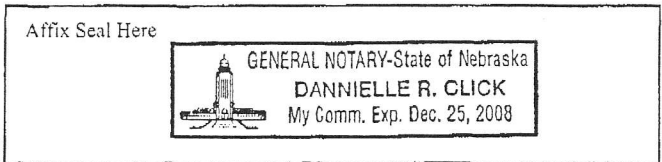
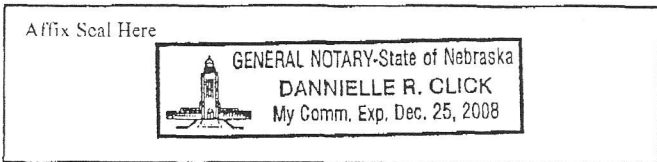
County of Lancaster

The foregoing instrument was acknowledged before me this 2nd Oct 2008 by John R Esquivel


Notary Public signature

The foregoing instrument was acknowledged before me this 2nd Oct 2008 by Gloria J Esquivel


Notary Public signature



**APPLICATION FOR LIQUOR LICENSE
INDIVIDUAL
INSERT - FORM 1**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

Individual applicants, including spouse, are required to adhere to the following requirements

- 1) **Must be a citizen of the United States**
- 2) **Must be a Nebraska resident (Chapter 2 - 006)**
- 3) **Must provide a copy of their certified birth certificate or INS papers**
- 4) **Must submit their fingerprints (2 cards per person)**
- 5) **Must sign the signature page of the Application for License form**
- 6) **Applicant may be required to take a training course**

Name of individual applicant who will hold license

Last Name: Esquivel

First Name: John MI: R

Home Address: 1601 N. 57 City: Lincoln Zip Code: 68505

Social Security Number: _____ Date of Birth: _____

Home Telephone Number: 402 - 467 - 2414

Drivers License Number: _____ State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☒ YES

☐ NO

If yes, provide your spouse's information below

Spouses Last Name: Esquivel

Spouses First Name: Gloria MI: J.

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State: NEBRASKA

In compliance with the ADA, this individual insert form 1 is available in other formats for person with disabilities.
A ten day advance period is required in writing to produce the alternate format.

FORM 35-4182
REVISED 05/2007

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

DATE OF ISSUANCE
01/26/2007
LINCOLN, NEBRASKA

52 9628

PHS-706(VS)
REV. 4-18
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH

BIRTH NO. 126.....

1. PLACE OF BIRTH
a. COUNTY **Lancaster**
b. CITY (If outside corporate limits, write RURAL)
OR
TOWN **Lincoln**

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE **Nebraska**
b. COUNTY **Lancaster**
c. CITY (If outside corporate limits, write RURAL)
OR
TOWN **Lincoln**
d. STREET ADDRESS **6442 Platte**

3. FULL NAME OF (If NOT in hospital or institution, give street address or location)
a. (First) **Johnny**
b. (Middle) **Ray**
c. (Last) **Esquivel**

4. CHILD'S NAME
(Type or print)
a. THIS BIRTH **Single** ☒ **ES** ☐ **Twin** ☐ **Triplet** ☐
b. DATE OF BIRTH
c. (Last) **Esquivel**
d. (Month) **E-2**
e. (Day) **14**
f. (Year) **1952**

5. SEX **Male**

6. COLOR OR RACE **White**

7. FULL NAME
a. (First) **Henry**
b. (Middle) **Elgin's**
c. (Last) **Esquivel**

8. AGE (At time of this birth) **27** Yrs.

9. BIRTHPLACE (City, town, or county)
(State or foreign country)
Lincoln, Nebraska

10. USUAL OCCUPATION **Machine Operator**

11. KIND OF BUSINESS OR INDUSTRY **Elgin's**

12. FULL MAIDEN NAME a. (First) **Shirley**
b. (Middle) **Ann**
c. (Last) **Long**

13. COLOR OR RACE **White**

14. AGE (At time of this birth) **22** Yrs.

15. BIRTHPLACE (City, town, or county)
(State or foreign country)
Lincoln, Nebraska

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children were born alive but are now dead? **0**
b. How many OTHER children were born alive but are stillborn (born dead after 20 weeks pregnancy)? **0**

17. INFORMANT'S SIGNATURE OR NAME Relationship
Mrs. Henry Esquivel Mother

18. SIGNATURE
a. *Samuel J. Thearistain*
b. ADDRESS *Lincoln, Nebraska*
c. REGISTRAR'S SIGNATURE *Stanley S. Cooper M.D.*

19. ATTENDANT AT BIRTH
M. D. ☒ **ES** Midwife ☐ Other (Specify) **0**

20. DATE RECD BY LOCAL REG. **APR 21 1952**

21. I hereby certify that this child was born alive on the date stated above at **11:02** P.M.

22. MOTHER'S MAILING ADDRESS
**Mrs. Henry Esquivel
6442 Platte
Lincoln, Nebraska**

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Gloria J. Esquivel

Signature of spouse asking for waiver
(Spouse of individual listed below)

GLORIA J. ESQUIVEL

Printed name of spouse asking for waiver

State of NEBRASKA

County of LANCASTER

2nd October 2008
date

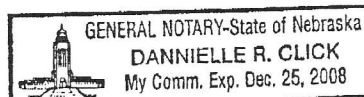
Danniel R. Click

Notary Public signature

The foregoing instrument was acknowledged before me this

by Gloria J. Esquivel
name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

John R. Esquivel

Signature of individual involved with application
(Spouse of individual listed above)

John R. Esquivel

Printed name of applying individual

State of Nebraska

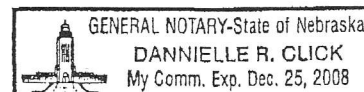
County of Lancaster

2nd October 2008
date

Danniel R. Click

Notary Public signature

Affix Seal



The foregoing instrument was acknowledged before me this

by John R. Esquivel
name of person acknowledged

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.